

Service & Dignity with Respect



C/O Watsonia & Kremetarf Avenue

Donkerhoek Cemetery

RUSTENBURG 0300

E-mail: admin@rtbcrem.co.za

Tel: 073 903 4862 / 014-592 8437



## APPLICATION FOR FUNERAL POLICY CHECKLIST

**NO ID'S - NO POLICY COVER**

<b>AGENT :</b>	Policy Number Genlife :
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MAIN MEMBER :	AGENT :				CLIENT FILE :			
DISCLOSURE DOCUMENT (X2) :	YES		NO		YES		NO	
MOM'S :	YES		NO		YES		NO	
TERMS AND CONDITIONS (X2) :	YES		NO		YES		NO	
APPLICATION FORM COMPLETED :	YES		NO		YES		NO	
PROOF OF BANK ACCOUNT / DETAILS :	YES		NO		YES		NO	
COPY OF ID :	YES		NO		YES		NO	
FIRST CALL LIST:	YES		NO		YES		NO	

**NOMINATED / EXTENDED FAMILY MEMBERS :**

COPY OF ID :	AGENT :				CLIENT FILE :			
1.	YES		NO		YES		NO	
2.	YES		NO		YES		NO	
3.	YES		NO		YES		NO	
4.	YES		NO		YES		NO	
5.	YES		NO		YES		NO	
6.	YES		NO		YES		NO	
7.	YES		NO		YES		NO	
8.	YES		NO		YES		NO	
9.	YES		NO		YES		NO	
10.,	YES		NO		YES		NO	
11.	YES		NO		YES		NO	
12.	YES		NO		YES		NO	
13.	YES		NO		YES		NO	
13.	YES		NO		YES		NO	

**PAYMENTS :**

JOINING FEE PAID :	YES		NO		RECEIPT NO :	
1ST INSTALLMENT PAID :	YES		NO		RECEIPT NO :	
MEMBERSHIP CERTIFICATE ISSUED :	YES		NO		MEMBER NO :	

**DATA ENTERED ON SYSTEM :**

	YES	NO	SIGN
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**SCANNED AND MAILED TO GENLIFE :**

	YES	NO	SIGN
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<div style="border: 1px solid black; padding: 5px; width: 80%; margin: 0 auto;">                 YYYY-MM-DD             </div>	<div style="border: 1px solid black; padding: 5px; width: 80%; margin: 0 auto;">                 YYYY-MM-DD             </div>
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Date and Signature of Agent

Date and Signature of Data Capturer



Scheme administrated by Genlife Financial Services - FSP 43895

Underwritten by Liberty - FSP number 2409

Rustenburg Crematorium is a Juristic Representative of Genlife Financial Services



A division of LIBERTY

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# APPLICATION FOR FUNERAL POLICY



<b>MAIN MEMBER:</b>	<b>NO ID'S - NO POLICIES</b>		<b>POLICY NO :</b>	
Surname :				
Full Names :				
ID.No :				
Residential Address :				
Cellular :	Tel No Home :		Tel No Work :	
E-mail :				

**DIRECT FAMILY MEMBER DETAILS : NO ID'S - NO POLICIES (AT LEAST A DATE OF BIRTH IN FULL)**

Name and Surname :	Age :	Relation :	ID Number / D.O.B. :
1.			Y Y M M D D 0 0 0 0 0 0 0
2.			Y Y M M D D 0 0 0 0 0 0 0
3.			Y Y M M D D 0 0 0 0 0 0 0
4.			Y Y M M D D 0 0 0 0 0 0 0
5.			Y Y M M D D 0 0 0 0 0 0 0
6.			Y Y M M D D 0 0 0 0 0 0 0
7.			Y Y M M D D 0 0 0 0 0 0 0
8.			Y Y M M D D 0 0 0 0 0 0 0
9.			Y Y M M D D 0 0 0 0 0 0 0
10.			Y Y M M D D 0 0 0 0 0 0 0
11.			Y Y M M D D 0 0 0 0 0 0 0
12.			Y Y M M D D 0 0 0 0 0 0 0
13.			Y Y M M D D 0 0 0 0 0 0 0

\*PLEASE NOTE: CHILDREN AGED 6 - 13 : 50% OF POLICY VALUE, AND BELOW 6 YEARS OF AGE : 25% OF POLICY VALUE

Name and Surname :	Age :	Relation :	ID Number or D.O.B. :
1.			Y Y M M D D 0 0 0 0 0 0 0
2.			Y Y M M D D 0 0 0 0 0 0 0
3.			Y Y M M D D 0 0 0 0 0 0 0
4.			Y Y M M D D 0 0 0 0 0 0 0
5.			Y Y M M D D 0 0 0 0 0 0 0
6.			Y Y M M D D 0 0 0 0 0 0 0

<b>BENEFICIARY :</b>	Rustenburg Crematorium & Funeral Services		
	Co No. : 2007 / 019603 / 07		
	Bank : F N B	Branch Code : 260 - 246	Cheque Acc : 6234 889 8638

MAIN PRODUCT :	PRODUCT & VALUE	COST		
EXTENDED / ADDITIONAL PRODUCTS :	PRODUCT & VALUE	COST		
CASH	DEBIT ORDER	EFT	TOTAL MONTHLY PREMIUM :	TOTAL

**DECLARATION:**  
 I, the applicant am aware that should the funeral / cremation not be performed by Rustenburg Crematorium / Leading Light funeral services - and I request a cash payout, on any of my policies - that a 20% Administration / handling fee will be charged. This has been explained to me by the agent selling me the policy. Signature of applicant

I, the undersigned, hereby apply for membership of the Genlife / Liberty : Capital Alliance - Rustenburg Crematorium Funeral Cover. I declare that the personal particulars completed above are to the best of my knowledge correct. I understand that a material non-disclosure of information can lead to a non-recognition of a claim for benefits in terms of the Rules of the Funeral Cover. I carefully read the notes of the terms and conditions and accept the conditions as reflected. I understand that I may inspect the comprehensive Rules of the Funeral Cover at the registered office. I received the original application from Genlife / Liberty : Capital Alliance - Rustenburg Crematorium Funeral Cover.

YYYY-MM-DD Signature of applicant and date	YYYY-MM-DD Agent and date
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The purpose of this document is to introduce the Representative who will be rendering advice and/or intermediary services and to furnish you with prescribed information about the Representative and FSP represented

**DISCLOSURE OF STATUTORY INFORMATION BY THE AUTHORISED FINANCIAL SERVICES PROVIDER (FSB) AND REPRESENTATIVE**

**Business Details at the FSB:**

Full Name and Trading Name of FSP	<b>GENLIFE FINANCIAL SERVICES</b>	Tel No :	012 - 450 5581	<b>Business Address :</b>		<b>Postal Address:</b>	
Licence No :	<b>34895</b>	Fax No :	086 718 1504		476 Kings Highway		P O Box 65007
Legal Status:	Sole proprietor / Close Corporation / Company	E-mail Address :	<a href="mailto:admin@genlife.co.za">admin@genlife.co.za</a>		Lynwood		Erasmusrand
Reg No :	2007 / 001602 / 23	Website :	<a href="http://www.genlife.co.za">www.genlife.co.za</a>		Pretoria, 0001		Pretoria, 0165

**Details of Juristic Representative of Genlife Financial Services :**

Full and Trading Name :	<b>Rustenburg Crematorium and Funeral Services</b>	Tel No :	014 - 592 8441	<b>Business Address :</b>		<b>Postal :</b>	
Trading Name :	<b>Leading Light Funeral Services</b>	Fax No :	086 685 7143		c/o Watsonia & Kremetart Ave		P O Box 195
Name :	<b>Joslyn Geldenhuys</b>	Position :	Director / Owner		Geelhout Park		Waterfall Mail
Legal Status:	Private Company	E-mail Address :	<a href="mailto:admin@rbcrem.co.za">admin@rbcrem.co.za</a>		Rustenburg		Rustenburg
Reg No :	2007 / 019603 / 07	Website :	<a href="http://www.rustenburgcrematorium.co.za">www.rustenburgcrematorium.co.za</a>		0300		0323

**Name and Contact Details of Key Individual :**

**Name and Contact Details of External Compliance Officer :**

<b>Name :</b>	Japie Venter	<b>Position:</b>	Supervisor or Overseeing Key Individual	<b>Name :</b>	Mrs C M van Wyk	<b>Office Address :</b>	Wolke Cottage Office Estate, c/o Unisaat De Wet & John Vorster Roads, Randpark Bldg.
<b>Tel No :</b>	012 - 540 581	<b>E-mail Address :</b>	<a href="mailto:jventer@genlife.co.za">jventer@genlife.co.za</a>	<b>Tel No :</b>	011 - 794 1189	<b>E-mail Address:</b>	<a href="mailto:charmaine@ctb.co.za">charmaine@ctb.co.za</a>
<b>Cell No :</b>	083 538 0009			<b>Cell No :</b>	083 262 1436	<b>Fax No :</b>	086 659 5894

**Name, Contact Details and Statutory information of Representative :**

<b>Name :</b>	Lorraine Helslitz-Venter	<b>Declaration in respect of statutory information :</b>	I do/ do not have a personal interest in the Financial Services Provider.
<b>Tel No :</b>	012 - 450 5581		I do/ do not hold more than 10 % interest in any of the products supplied.
<b>Fax No :</b>	086 718 1504		I am / am not required to render any advice or intermediary services under supervision.
<b>Cell No . :</b>	082 338 3993		The FSP hold professional indemnity cover on my behalf.
<b>E-mail Address :</b>	<a href="mailto:lorraine@genlife.co.za">lorraine@genlife.co.za</a>		The following insurers receive more than 30% of my business :
The representative has been active in the financial services industry since 2012			The FSP is exempted by the registrar from producing audited annual financial statements.
The representative is trained and accredited to render advice and intermediary services in respect of the products provided by the following suppliers :			There are no special conditions levied against the FSP by the Registrar

**Disclosure of Actual or Potential Conflicts of Interest :**

Should any conflict of interest, either in general or specific to a particular client, the representative is required to disclose in writing to a client any conflict of interest in respect of that client, including the measures taken to avoid or mitigate the conflict, disclose any ownership interest or financial interest and explain the nature of any relationship or arrangement with a third party that gives rise to a conflict of interest, in sufficient detail to a client to enable the client to understand the exact nature of the relationship or arrangement and the conflict of the interest.

The FSP's **Conflicts of Interest Management Policy** is available at the business premises of the FSP or on request by e-mail to :

**Address Complaints to :**

Please note that prior to lodging a serious complaint with the authorities (listed below), ideally you are should consider lodging a complaint in writing directly with the FSP. Should confirmation be provided by the FSP that they are unable to resolve the complaint you are free to pursue the matter further with the relevant Ombud.

The FSP has established a written internal complaint resolution system with detailed procedures. Access to the Complaints Procedures and a copy of the complaint resolution system and conflict of interest management policies is available on request at the business premises of the FSP each day during office hours or via e-mail request. Should you have any serious complaint, this must be submitted to the FSP in writing and must contain all relevant information. Copies of all relevant documentation must be attached thereto. The FSP welcomes any non-serious complaints to be brought to their attention via telephone or e-mail and which they will gladly assist in resolving to your satisfaction.

<b>Particulars of FAIS Ombud:</b>	<b>Particulars of the Pension Fund Adjudicator:</b>	<b>Long Term Insurance Ombud:</b>	<b>Short Term Insurance Ombud:</b>
P O Box 74571, Lynwood Ridge, 0039	P O Box 23005, Clairmont, 7735	Private Bag X45, Claremont, Cape Town, 7734	PO Box 32334, Braamfontein, 2016
E-mail : <a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a>	E-mail : <a href="mailto:enquiries@pfa.org.za">enquiries@pfa.org.za</a>	E-mail : <a href="mailto:info@ombud.co.za">info@ombud.co.za</a>	E-mail : <a href="mailto:info@ostfi.co.za">info@ostfi.co.za</a>
Fax : 012 - 348 3447	Fax : 011 - 884 1144	Fax : 021 - 674 0951	Fax : 011 - 762 5501

**Responsibility for Correctness and Completeness of Information and Advice**

Please note that in respect of any application, proposal, order, instruction or other contractual information that is required to be completed for, or submitted to a product supplier by or on your behalf that relates to the purchase of or investment in any financial product, including any amendment thereof or variation thereto, **all material facts must be accurately and properly disclosed, and the accuracy and completeness of all answers, statements or other information provided by you or on your behalf are your own responsibility.**

If any person completes or submits any application, proposal, order, instruction or other contractual information that is required to be completed for, or submitted to, a product supplier by you or on your behalf that relates to the purchase of or investment in any financial product, including any amendment thereof or variation thereto on your behalf, you should be satisfied as to the accuracy and completeness of the details.

Any misrepresentation or non-disclosure of a material fact or the inclusion of incorrect information could result in the cancellation of the transaction or the non-payment of a benefit by the product supplier.

**Signing of Incomplete Documents**

You are hereby advised and cautioned that no person acting on behalf of the FSP may in the course of the rendering of a financial service, request you to sign any written or printed form or document prior to completion thereof.

**Waiver of Rights**

No person may ask you or offer any inducement for you to waive any right or benefit conferred on you by or in terms of any provision of the General Code of Conduct of the FAIS Act, of which a copy is available on request.

**Rendering of Advice**

Once you have entered into a transaction by purchasing a financial product, the representative is required to provide you with a record of the advice rendered. This document should be kept safe together with all the other documentation pertaining to the particular transaction.

**Recommended Advice :**

<b>Recommended Cover:</b>		<b>I, declare that I :</b>		<b>accept, that</b>
<b>Reason for Recommendation :</b>	<b>Affordability:</b>	<b>This cover best addresses my needs :</b>		<b>I am able to afford this products monthly premium:</b>
	<b>Best meet client needs:</b>	<b>I received Client Disclosure Record:</b>		<b>I willingly agree to the product recommended:</b>

YYYY-MM-DD

Signature of applicant and date

YYYY-MM-DD

Signature of representative and date



**A. AUTHORITY**

**DEBIT ORDER**  
 FOR FUNERAL POLICY DEDUCTION

**ALL DOCUMENTS (GREY AREAS) MUST BE COMPLETED IN FULL! ANY INCORRECT DETAILS WILL BE THE CLIENTS RESPONSIBILITY**

Account Holder Detail : For Debit Order

Surname :	<input type="text"/>	GENLIFE POLICY NO :	<input type="text"/>
Name :	<input type="text"/>	PRODUCT :	<input type="text"/>
Tel No :	<input type="text"/>	PRODUCT :	<input type="text"/>
Bank :	<input type="text"/>	Account Type :	Current / Cheque: <input type="checkbox"/> Savings: <input type="checkbox"/> Transmission: <input type="checkbox"/>
Branch Code :	<input type="text"/>	Recurring Debit Order Date:	1 8 15 22 28

Account Number :

Premium Amount : R

Date of 1st Deduction :

CLIENT SIGNATURE

<b>BANKING DETAILS :</b>	
Name:	RUSTENBURG KREMATORIUM PTY LTD
Abbreviated Name:	RTBKREMPOL
Contact Number:	014 5928441
Address:	STAND 2242 BEGRAAFPLAAS , GEELHOUPARK EXT 6 0299

<b>PAYMENTS ARE ALLOCATED TO FOLLOWING BANK ACCOUNT :</b>			
Name:	RUSTENBURG KREMATORIUM PTY LTD		
Bank :	FNB - Policy Account RTB Crem		
Bank Account No :	6237 133 4716 - Cheue Account		
Our Bank Ref :	RTBKREMPOL	Client ref :	POLICY NO _ Client name
Client Bank ref :	POLICY NO _ RTBKREMPOL		

**THIS SIGNED MANDATE REFERS TO THE CONTRACT DATED :**

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on and continuing until this Authority and Mandate is terminated by me/us by giving you one calendar's month notice in writing. The individual payment instructions so authorised to be issued must be issued and delivered monthly (on the first day of every month). In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

**B. Mandate**

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

**C. Cancellation**

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

**D. Assignment**

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

**E. The Agreement reference : WILL APPEAR ON BANKSTATEMENT**

#### \_ RTBKREMPOL

**NO OTHER REF WILL BE A DEDUCTION FROM RUSTENBURG CREMATORIUM**

Signed at :  on this  day of  20

SIGNATURE OF ACCOUNT HOLDER

DATE ADDED TO THE SYSTEM